

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

107019646
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4												
TOTAL DEP.	13												
TOTAL CLAIMS	17												
PTO-1360 (3-78)													

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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